

PTO/SB/21 (09-04) *1FW***TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

10/618,455

Filing Date

July 10, 2003

First Named Inventor

Foisy, C.

Art Unit

2133

Examiner Name

Baker, S. M.

Attorney Docket Number

019186-000650US

ENCLOSURES (Check all that apply)

Fee Transmittal Form (orig. + 1 cc.)



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Declaration and Power of Attorney



Licensing-related Papers

Petition for Filing of Patent
Application when Joint Inventors are
UnavailablePetition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):

1. Return Postcard
2. One (1) reference

Certified Copy of Priority
Document(s)Reply to Missing Parts/ Incomplete
ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Remarks

The Commissioner is authorized to charge any additional fees to Deposit
Account 20-1430.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Philip H. Albert

Date

May 11, 2006

Reg. No.

35,819

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

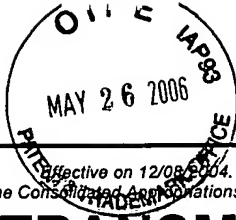
Signature

Typed or printed name

Christopher R. Fitting

Date

May 24 2006



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

| | |
|----------------------|-----------------|
| Application Number | 10/618,455 |
| Filing Date | July 10, 2003 |
| First Named Inventor | Foisy, C. |
| Examiner Name | Baker, S. M. |
| Art Unit | 2133 |
| Attorney Docket No. | 019186-000650US |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity | Fee (\$) | Fee (\$) |
|---|--------------|----------|----------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 | |
| Multiple dependent claims | 360 | 180 | |

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

_____ -20 or HP = _____ x _____ \$ = _____ Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ -3 or HP = _____ x _____ \$ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement (after office action)

Fees Paid (\$)

180.00

SUBMITTED BY

| | | | | | |
|-------------------|------------------|-----------------------------------|--------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 35,819 | Telephone | (650) 326-2400 |
| Name (Print/Type) | Philip H. Albert | Date | May 11, 2006 | | |

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On _____

TOWNSEND and TOWNSEND AND CREW LLP

By: _____

PATENT
Attorney Docket No.: 019186-000650US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Christian Foisy, et al.

Application No.: 10/618,455

Filed: July 10, 2003

For: SYSTEMS AND METHODS FOR
BROADCASTING INFORMATION
ADDITIVE CODES

Examiner: Baker, Stephen M.

Art Unit: 2133

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The reference cited on the attached PTO/SB/08A form is being called to the attention of the Examiner. A copy of the reference is enclosed. It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and that the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or

05/30/2006 RHEBRAHT 00000004 201430 10618455

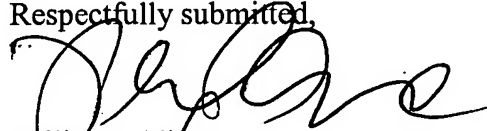
01 FC:1806 180.00 DA

are considered to be material to patentability because they are in this statement. No inference should be made that the information and references cited are prior art merely because they are in this statement.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance. Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

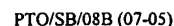
5/11/06

Respectfully submitted,



Philip H. Albert
Reg. No. 35,819

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San Francisco, California 94111-3834
Tel: 650-326-2400
Fax: 650-326-2422
PHA:crf



Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

| | |
|-------------------------------|-------------------|
| Application Number | 10/618,455 |
| Filing Date | July 10, 2003 |
| First Named Inventor | Folsy, Christian |
| Art Unit | 2133 |
| Examiner Name | Baker, Stephen M. |
| Attorney Docket Number | 019186-000650US |

| | | | |
|-------|---|----|---|
| Sheet | 2 | of | 2 |
|-------|---|----|---|

NON PATENT LITERATURE DOCUMENTS

[illegible]

| | | | |
|--------------------|--|-----------------|--|
| Examiner Signature | | Date Considered | |
|--------------------|--|-----------------|--|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.